



STATE OF NEVADA

BOARD OF DISPENSING OPTICIANS

4600 Kietzke Lane, B-116, Reno, NV 89502-5036 • Telephone 775 / 688-3766 • Fax 775 / 688-3767
Email: nvbdo@govmail.state.nv.us • Website: www.nvbdo.nv.us

Application for Reinstatement of Ophthalmic Dispenser License

For an individual who previously held a Nevada Ophthalmic Dispensing License, and whose license expired (due to lack of renewal for more than two years or being placed on inactive status and not reactivated after the maximum period specified in NAC 637.215), to qualify for the Nevada State Ophthalmic Dispenser License Examination

Instructions

1. Read the application carefully and follow all instructions completely.
2. Submit your complete, notarized application, all required documents, and fee, postmarked no later than 60 days before the date of the optical examination, to the board office.
3. Contact the Board office if you have any questions or concerns.

Checklist

- Complete application
- Notarized
- Proof of active ABO certification
- Proof of active NCLE certification
- FOR THOSE APPLICANTS WHO PREVIOUSLY HELD A **LIMITED LICENSE**:
 - Proof of completion of an approved contact lens theory course; the following courses have board pre-approval:
 - College of Southern Nevada (CSN) Contact Lens Technician certificate of completion (available to all Nevada residents via distance education) 702-651-5834 <http://sites.csn.edu/health/overview-ophthalmic.html>, or
 - Contact Lens Society of America (CLSA) home-study program (vols. 1 and II with credits) 800-296-9776 <http://www.clsa.info>.
 - 100 hours of contact lens instruction and training, documented on a contact lens training record (pp. 3-4 of application)
- \$350 fee (nonrefundable)

Mail your \$350 fee, complete application, and all required documents, postmarked no later than 60 days before exam date, to:

Nevada Board of Dispensing Opticians
4600 Kietzke Lane, B-116
Reno, NV 89502-5036

Important Note

Your application will not be considered if it is not complete.

Application for Reinstatement of Ophthalmic Dispenser License

Full Name _____ Date of Birth _____ Place of Birth _____

Home address _____ City _____ State _____ Zip Code _____

Home phone # _____ Mobile phone# _____ Email _____

Type of initial Nevada licensure (dual or limited) held: _____ License # _____

Date license issued: _____ Date license expired: _____

Application Screening Questions

Social Security # (must be provided per NRS 637.113): _____ - _____ - _____

Nevada Business License # (must provide only if you own an optical business): _____

Yes No I am subject to a court order that requires me to pay for the support of one or more children.

Yes No N/A I am in compliance with that court order. *If you answered "no" to the above question, mark N/A.*

Yes No Has your occupational or professional license or privilege to practice, or certification/registration of any kind ever had any disciplinary action taken or initiated against it in any jurisdiction? *Does not include driver's license or car registration.*

Yes No Have you ever had a criminal conviction, whether misdemeanor or felony, or a civil judgment rendered against you? *Does not include minor traffic violations.*

***If you answered yes to any of the above screening questions, please attach a written explanation.**

Per Nevada Open Meeting Law provision NRS 241.033(1)(a) and (b), you must receive notice of the time and place of the meeting during which the Board will consider your application. The notice must be served personally to you at least 5 working days, or via certified mail at least 21 working days, before the meeting date. To expedite the Board's consideration of your application, you may waive your legal right to such notice.

Yes No I hereby waive my legal right to receive notice within the time frames set forth in NRS 241.033 so that the Board may consider my application at its next regularly scheduled meeting.

Your signature below affirms you have reviewed, understand, and will fully comply with the provisions of Chapter 637 of the Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) that govern the practice of an optician (see Laws and Regulations tab on the Board's website www.opticalboard.state.nv.us).

AFFIDAVIT BY APPLICANT

State of Nevada, County of _____. Under penalty of perjury, I the undersigned, vouch for the truth and accuracy of all statements and answers made above.

Applicant Signature Date

Signed and affirmed before me on _____,
by _____.

Notarial Officer Signature

For Board Use Only

Date application received _____ Fee Enclosed _____ Date approved _____

Contact Lens Training Record

Name _____

Retain for use during your apprenticeship. Must be completed to qualify for Nevada state optical examination.
Please note: Record time in one-hour increments, even if several hours of training took place on one date.

Contact Lens Fitting (30 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Contact Lens Fitting Follow Up (20 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Instrumentation (20 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Filling Prescriptions (5 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				

Contact Lens Training Record (continued)

Name _____

Insertion and Removal (15 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Inspection (10 hours required)

Hrs	Date	From	To	Supv. Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Comments and/or Recommendations: